Health Services Consultative Committee
Annual Report

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1 April 2018 to 31 March 2019

THE HEALTH SERVICES CONSULTATIVE COMMITTEE ANNUAL REPORT 2018-2019	
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Chairperson Preface 2018-2019

The HSCC is disappointed to be reporting limited progress in the majority of its areas of scrutiny with a distinct regression in governance. However, Integrated Care has made some long overdue progress with the Western Pilot. The HSCC remains concerned at lack of transformation skills and experience within many parts of the organisation. Removal of established senior posts in Transformation Nursing and Commissioning and the departure of Hospitals' Director in January 2019 show that experience has been sacrificed at the altar of indiscriminate cost-cutting. Whilst recognising the underlying cost pressures and supporting fully the Independent Health Review (IHR) regarding inefficiencies, the HSCC has seen weak senior leadership and very low morale in many parts of the service in the past year.

The unique Isle of Man working relationship between officers and politicians continues to hamper clinically evidenced but politically difficult service change. The new DHSC Minister has brought some stability and structure to communication with political members, management, staffing and indeed public engagement, but such matters require a Department-wide effort. A clear DHSC Communications plan remains unachieved.

DHSC operational decisions still attract Tynwald questions which require the priority attention of staff and management. The tension between intensive investigation by the Public Accounts Committee (PAC) and the diversion of clinicians from the work of providing safe and appropriate healthcare remains. If health services are to modernise and transform it can only be through a measurable implementation plan. Skilled leadership is needed by an independent Board that is able to maintain patient safety but with value for money and clear definitions of what can and cannot be provided on Island, based upon an agreed data set. Demand led services are no longer a sustainable model for the long term.

Public Health programmes and funding for Joint Strategic Needs Assessments (JSNA's) need political support. The HSCC welcome the proposed move of Public Health to Cabinet Office (CABO). The pan government delivery of this important function is essential. The HSCC has sat on the Advisory panel of the IHR and members attended all six Focus Group Workshops. The HSCC supports the 26 IHR recommendations with a reservation about CABO's overarching supervision of the Manx Care board by a Department with so many competing demands. This scepticism is reinforced by the centre's Programme for Government (PfG) axing of several crucial objectives for Health within its 2019-20 targets.

Evidenced observation of the success of the Community Care Directorate amalgamation would suggest that capable leadership and engaged staffing can bring benefits and improve value for money and benefit service users. Noble's Hospital reorganisation into Scheduled and Unscheduled Care groups has not been carried out with the same level of leadership and engagement. Clear definition of transfer of services to Community, or on/off Island clinical activity, is long overdue.

A catalogue of cancelled governance meetings, particularly at Noble's Hospital, with inadequate agenda packs and non-attendance by Senior Leads has characterised this year. The decision to further reduce the governance structure of Quality Committees (QC's) to just three was made following the removal of further posts from the second tier of the organisational structure in April 2018. Proper transparent governance is still lacking. Terms of Reference (ToR) should be updated. QC attendance by Senior Leads should be mandatory. The Executive Leadership Team (ELT) mechanism has not resulted in open debate.

Despite this, some sections of the Health service have introduced transformational changes, or made service enhancements, and managed to keep within budget. However, Noble's Hospital continues to fail financially. Although it reduced its actual costs by £2.5m, it was set a £7m budget reduction. It was given more autonomy but failed to get political, financial and ELT support to modernise and streamline services. Whilst not underestimating the enormity of the task set, management failure to harness the existing staff talent and expertise, to lift morale, and to obtain genuine engagement of patients and staff, continues. The WMQRS update report identifies 579 achievable standards are still unmet. The HSCC believe it is also vital to ensure that ongoing compliance with achieved standards is also monitored.

The IHR Recommendations and the HSCC Key Recommendations over the years from 2014 to 2019, when compared in Appendix E, show strong thematic similarity.

The HSCC members have observed, interacted, advised and listened, across the health system. This has resulted in over 120 internal member reports, from which this Annual Report is compiled. I thank the members for their effort. The newer HSCC members have reinvigorated scrutiny areas. The HSCC also thanks DHSC officers and staff for the open access to information and their largely candid and transparent approach to our critical friend challenges.

As the new reporting period starts the HSCC can only remain positive that change has to happen in 2019-20. This will require tough decisions, well communicated actions and a more transformative approach to service delivery. The published 2019-20 Service Delivery Plan together with a half way review of the 10-year Strategy is very welcome. Transparent strategic priorities and clear action planning should be the priority of the incoming Interim CEO.

Continuity has given the HSCC strength and depth to its work since 2013. We hope to continue the role of critical friend to the Department in the future whilst accepting that other more costly long-term regulatory solutions, such as CQC inspections, and a Manx Care board are planned.

Executive Summary 2018 –2019

The purpose of The Health Services Consultative Committee's (HSCC) Annual Report is to provide Tynwald members and the Department with independent scrutiny and advice on the performance and effectiveness of Health Services.

The way in which HSCC undertakes the work of advising and scrutinising Health Services is described in the Ways of working section below. Evidence of its scrutiny is contained within Member Annual Reports, and detailed in Appendix Tables A-E with each of those detailed tables having a corresponding summary Main Body page A-E.

During 2018-19 the HSCC members attended over 120 meetings in scrutiny areas. Members Annual summaries by scrutiny area can be found in the following pages. Common themes have emerged from these summaries:

When reviewing implementation of past HSCC recommendations the issue is the pace rather than direction of change where we are most critical.

See page 8 Main A, "Review of HSCC Key Recommendations 2018-2019".

Inadequate governance around leadership of meetings at Noble's Hospital and timely documentation is of great concern. A lack of preparation, late agendas, poor attendance without planned substitution, leads to a lack of engagement. Noble's Hospital Senior Management Team (SMT) monthly governance meetings were cancelled seven times. Human Resources QC meetings also regularly failed to take place. See pages 9 & 10 Main B, "DHSC Governance".

The HSCC has noted some ELT meetings were also cancelled, even after limiting attendees. Whilst appreciating increased transparency through provision of minutes, the lack of robust debate and completed actions is evident. Governance must be demonstrably robust, transparent and leading, particularly following the many changes at Noble's Hospital and ongoing challenges; examples include poor staff morale, the divisional restructure to Scheduled and Unscheduled Care, the closure of Private Patients Unit (PPU), and anecdotal evidence of lengthening waiting lists in many specialties.

Setting unachievable Programme for Government (PfG) targets is pointless. Some PfG targets should not simply be extended from 2019 to 2021 because of delays in implementation, nor others quietly abandoned such as the DHSC Communications Plan as they were not sufficiently measurable. The Programme for Government Outcome is "We live, longer healthier lives". The "Policy Statements" are admirable in intention but too many Policy Statements continue to be RAG rated Red or Amber. The HSCC assessment of RAG progress assesses that more targets are being missed than is admitted.

See pages 11-13 Main C, "Programme for Government (PfG)".

PfG should demonstrate clarity of purpose with Actions, Key Performance Indicators KPIs and Delivery Dates which are clear, realistic and achievable with resources to ensure timely delivery.

The Service Delivery Plan must not lose the simple fundamentals of healthcare: delivering timely compassionate health care which has the patient at the heart of the process. Waiting Lists must be more transparent; the evidence is unclear but some are lengthening. Complaints are an opportunity to learn and deliver change and data needs to be maintained accurately.

The Isle of Man Integrated Care Project has started implementing the Pilot Programme in the West. This has brought into sharp focus the inter-related complexities of delivering better healthcare at point of need. The HSCC is concerned whether adequate funding and manpower resources will be available to deliver this major long-term initiative. Networking experience with other jurisdictions is seen as beneficial to inform progress in this area.

See pages 14,15 Main D, "Integrated Care".

The pace of change in medicine, technology, demographics and ways of working is formidable. Senior Management must lead and adapt to meet these challenges. Staff are the most valued asset and must be engaged in the process of change, fully motivated and given all necessary training. The HSCC were encouraged by The Event in The Tent last September. Team building, improving management skills, networking and transparent accountability are essential.

The Beaman's Report 2013 assessed Management Effectiveness at Noble's Hospital and it is unclear why it did not gain political approval in 2014, The West Midlands Quality Reviews (WMQRS) 2013-2018 measured compliance with standards. In 2018 the Hospital Director produced the first Annual Report for Noble's Hospital. The Independent Health Review (IHR) 2019 has made significant recommendations on the future IOM care model.

The IHR remit was much wider than the HSCC remit. HSCC is very supportive of the 26 IHR recommendations but it is understandably concerned about the reality of timings for the proposed implementation and CABO supervision.

See page 16 Main E, "Independent Health Review".

As a positive, the February 2019 detailed Status Update report on WMQRS recommendations is welcomed. The HSCC look forward to the annual updates to ensure remaining WMQRS standards are met and those already met are sustained. The HSCC is concerned that many recommendations and conclusions contained in these reviews do not gather dust on a shelf.

Underpinning "legislation" for National Health Care Service NHCS is late in delivery and needs resource to be ready for fast tracking up the Tynwald agenda. Guidance has been sought from the Attorney General on a range of items, but nevertheless the 2016 Act remains without any enacting Schemes. Items such as Medicines Act have stalled, with Brexit being blamed.

Human Resources seem to lack robust underlying processes and governance from the Office of Human Resources OHR remains a key HSCC concern. Many OHR meetings have not reached quorum. The People Information Programme (PiP) system for Government wide implementation remains significantly delayed, which is a major contributor to the paucity of HR data. The effective management of Staff absence has been left in limbo for over a year. There are numerous areas where the OHR must demonstrate leadership, progress and clarity in their role.

The HSCC welcomes the positive progress towards Commissioning implementing Nobles Community and Public Health monthly meetings with quarterly governance oversight. The contracts database, financial management, setting priorities and standards are improving. Issues remain with Treasury approval, tender planning, Third Sector ad hoc funding.

The fast-moving area of Informatics is tracked at bi-monthly meetings. Numerous on-going upgrade and new projects are in progress. The HSCC notes progress on contractor agreements. Cyber Risks and Information Governance warnings are shared between DHA and DHSC.

Noble's Hospital and Mental Health Patient Safety and Quality Committee (PSQC) meetings are now fully quorate and representative. Risk Registers are reviewed monthly and sent to the Executive Leadership Team. Root cause analysis is used where appropriate for incidents. The HSCC has serious concerns the old pager system used at Noble's Hospital has escalated incidents. Poor internal Communication is found to be a regular contributing factor when analysing serious incidents.

The HSCC remain very concerned about the elimination of the Chief Nurse role in April 2018 and the executive management of Nursing being now fragmented. Clear accountabilities for Nursing should be urgently re-established.

The HSCC welcome the recent DHSC Information Management Strategy 2019-2021. The HSCC speculates whether digital agenda will be supported by a clear resourced plan with priorities, approved funds and delivery timelines.

The newly established Community Care Directorate has streamlined delivery of Community Care Services. Development of a single assessment process and care record is to be welcomed and this will clearly underpin the Integrated Care initiative. The ongoing challenges of funding, evidence-based pathways, communications, working with third sector and governance are recognised.

The HSCC welcome recent focus on Child and Adolescent Mental Health Service CAMHS at the Social Affairs Policy Review Committee SAPRC and looks forward to solid progress. Manannan Court is now well established in its role of providing in-patient Mental Health Care.

Public Health initiatives are well structured, thought through and communicated with small Needs Analyses being implemented. Larger JSNA are starved of funds and fail to achieve traction or support from Government and /or other departments; for example, substance misuse, childhood obesity.

Cancer Management seems more robust; supported by well-structured patient tracking processes and weekly data sets. Some difficulties remain in achieving the 93% target compliance for waiting time referrals. The HSCC look forward to the long overdue opening of new day Ward 5 at Noble's for cancer patients.

Poor Communications are frequently cited as a significant issue and the HSCC notes there is no single accountable executive or process for operational DHSC Communications. The DHSC website is the target of frequent criticism as being confusing and difficult to find anything specific.

DHSC has a dedicated Corporate Communications executive within Corporate Communications based in Government Offices. Divisional, Managerial and Service Delivery communications within and across DHSC have not been addressed by the HSCC as a scrutiny area due to the lack of a Comms plan.

DHSC challenges will always be formidable. The HSCC look forward to reporting positively in the 2019 -2020 scrutiny period; seeing transparent supportive leadership and the DHSC team delivering a Health Care System of which the population of the Isle of Man can be justly proud.

If you have any comments or questions as a result of reading the Health Services Consultative Committee Annual Report 2018-2019, please email the Secretary at hscc@manx.net

The HSCC Key Recommendations 2018-2019

The HSCC recommend that:

R1 2018-19	Cancer	The Cancer Services Coordination Group must have strong leadership and senior management support to deliver a new IOM Cancer Strategy and implementation plan.
R2 2018-19	Communications	Executive Leadership Team need to be clear how they manage communications both internally and externally on behalf of DHSC and manage as a standing item on the extended ELT meeting agenda.
R3 2018-19	Community Services (within CCD)	Evidence-based community care pathways are implemented, resourced, audited and shared appropriately.
R4 2018-19	Finance/Commissioning QC (FCC)	Additional resource is provided to enable Noble's Commissioning to accelerate progress with contracts and compliance.
R5 2018-19	Informatics QC (IQC)	Timely resources be made available to drive forward essential projects including the digital Manx Care record.
R6 2018-19	Legislation and Political Activity	A full review of all heath related legislation be urgently commissioned, to include the IHR recommendations and to facilitate the Integrated Care Strategy.
R7 2018-19	Mental Health (within CCD)	MHD manage the transfer of CAMHS tier 2 into the Psychological Therapies service and create a dedicated pathway for Autism, bidding for appropriate funding as required.
R8 2018-19	Nobles Executive Team/SMT	An effective Nobles governance structure be re-established, that meets regularly and thereby provides a degree of transparency and accountability not currently evident.
R9 2018-19	Nursing and Midwifery Advisory Council (NMAC)	The Nursing and Midwifery Advisory Council is re-established to provide adequate checks and balances for professional conduct.
R10 2018-19	Office of Human Resources QC	That current shared service arrangements are reviewed by the ELT in light of organisational changes and recent PAC and SAPRC reports and to ensure all staff and managers are compliant with the CARE standards.
R11 2018-19	Patient Safety and Quality Committee (PSQC)	A patient safety impact assessment be routinely carried out in advance of all budgetary, resource and facility changes.
R12 2018-19	Public Health Directorate	Specific resources and commitments to be agreed by Treasury and relevant Departments and Bodies via Social Policy Consultative Committee for all JSNA Delivery Plans before agreed implementation.
R13 2018-19	WMQRS Recommendations	The Annual WMQRS update report to Tynwald continues, to ensure sustainability of the Priority Areas for Action 2019 and to encourage further compliance with remaining achievable quality standards.

Further recommendations can be found in the HSCC Member Annual Reports section

HSCC Engagement – Current and Future Ways of Working

HSCC Scope –

Drawing upon the breadth and depth of its members' diverse knowledge and experience in business, public services and the community:

1. The HSCC will provide independent scrutiny of the performance of the management of the Department of Health
2. The HSCC will offer the management of the Department of Health support, challenge and advice in the effective management of the Department.
3. The HSCC will reflect the view of people of their community.
4. The HSCC will hold the organisation to account for decisions that the Department makes.
5. Only comment and scrutinise matters concerning Health.

The HSCC focuses upon WHAT the Department does, WHY it chooses strategic priorities and HOW the Department achieves this.

The HSCC does not:

1. Become involved in matters of detail, in complaints, in staff matters, or in matters for which lay members of other organisations already provide a service, e.g. the Patient Experience Committee, Mental Health Commission, Independent Review Body.
2. Look to measure the performance of the clinical effectiveness of the Department as it is not qualified to do so.

HSCC meeting format:

- Bi-monthly Full meetings to scrutinize Health Service activity.
- Itemised agenda with each member tasked to reports and actions.
- New bi-monthly meetings of Core & Resource Sub Teams (CSST & RSST) and more intensive scrutiny of member reports.
- Exception reporting and debate of current issues.
- Bullet point summary of interest and concerns circulated to ELT.
- Individual DHSC officers invited to address meetings every other month.
- Regular email correspondence to/from DHSC.

Monitoring:

- DHSC related debates and questions in Tynwald.
- Written and verbal Health related questions in House of Keys/Tynwald.
- Consultations, Strategies, Policies and Legislation.
- Contract Management.
- Service Delivery Plans, Health PR and News Releases.
- Regular 1:1 meeting with Link Officers.
- Annual Meet the Minister Q&A session.
- Quarterly CEO meetings – with membership or Chair & Vice Chair.
- Bi-annual meeting with Minister and Department Members.

Member attendance:

- Quality Committees: Commissioning Informatics and OHR
- Cancer Strategy Group
- Community Care Directorate
- Community partnerships (regional)
- Health Protection Committee
- Integrated Care Workshops
- Independent Health Review Panel and workshops
- Mental Health Management Board
- Nobles Senior Management Team
- Public Health Staff Meetings

Submissions:

- Public Accounts Committee
- Social Affairs Policy Review Committee
- Draft General Scheme and Charges

Annual Report:

To Tynwald. Available to the public via Government website.

STRATEGIC PATHWAYS – journey towards a better health care system				
Acute priority provision	Set clear priorities for transfer to Community objectives in line with 5-year Strategy	Identify what services are provided on and off Island	Front load budgets to ensure services are transferred with budget	Appropriate community centred provision
10-year health strategy	Revised 2013 Reviewed Dec 2013	Replaced with 5-yr Strategy in Oct 2015	Review due Autumn 2018 completed April 2019	Rolling programme of strategic thinking
Treatment by *SILO* approach	Barriers between different part of the system	Reorganise health structure to reflect changing priorities	Develop Care groups to meet co-morbidity challenges	Multi-disciplinary teams
Unlimited demand-led Health Service	Sole provider health service	Work towards shared service delivery	Patient focused approach	Mixed economy, public, private and 3rd sector
Peer to Peer Reviews FRWG MIAA WMQRS	Consult on individual issues – reactive not proactive	Support pro-active approach Merseyside Internal Audit	Francis Report WMQRS	Regular external audit Continuous peer audit
Engaging patient voice	Complaints Defensive approach	Widen engagement through Workshops & social media	Consult re evidence based planned service changes	Patient designed services
Mental Illness	Mental illness	Step up, step down system	MECC – make every contact count	Mental well-being
Public Health	Piecemeal campaigns	Numerous strategies No prioritisation	JSNA's Review of screening services	Evidenced improvement in the health of the nation/well being
Organisational Culture	Demoralised workforce Blame culture	Clearly communicate planned organisational change to all staff groups	Implement Recruitment and Retention Strategy	Empowered staff Low turnover
Scrutiny	Via committee attendances and escalation to CEO	Governance groups that challenge communicate and provide risk assurance	Fully transparent scrutiny access from Board to coal face encounters	Stable governance system

A: Review of Past HSCC Key Recommendations

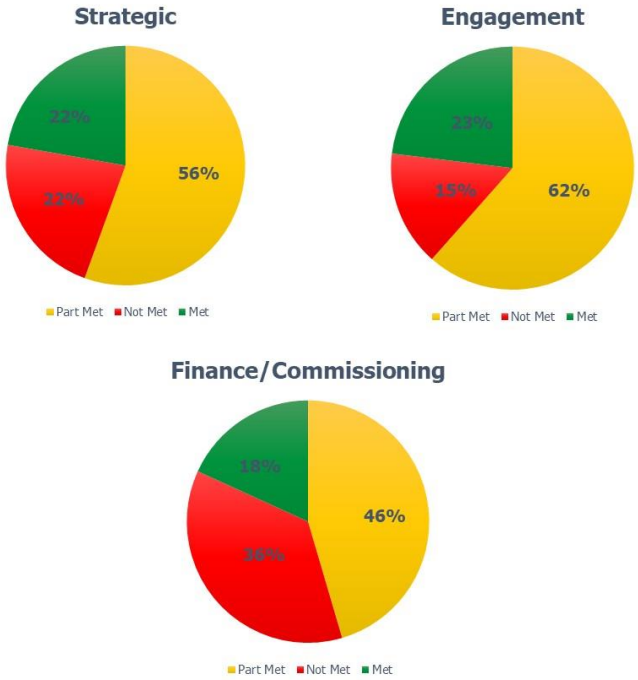
The HSCC has combined its previous 5 years of key recommendations and assigned them to three categories:

- **Strategic**
- **Engagement**
- **Finance/Commissioning**.

We had previously reported progress to April 2017 and April 2018 within our last two annual reports. However, the HSCC has now further reviewed 2014-16 recommendations with those of 2016-17 and 2017-18 and assessed progress against the same based on the evidence it has available and observations made during the past year.

As is evident throughout our previous annual reporting, the HSCC feels that many of its recommendations are taken on board by the Department We are pleased to report an improvement in Part Met RAG rating in all three areas.

2016-2017:



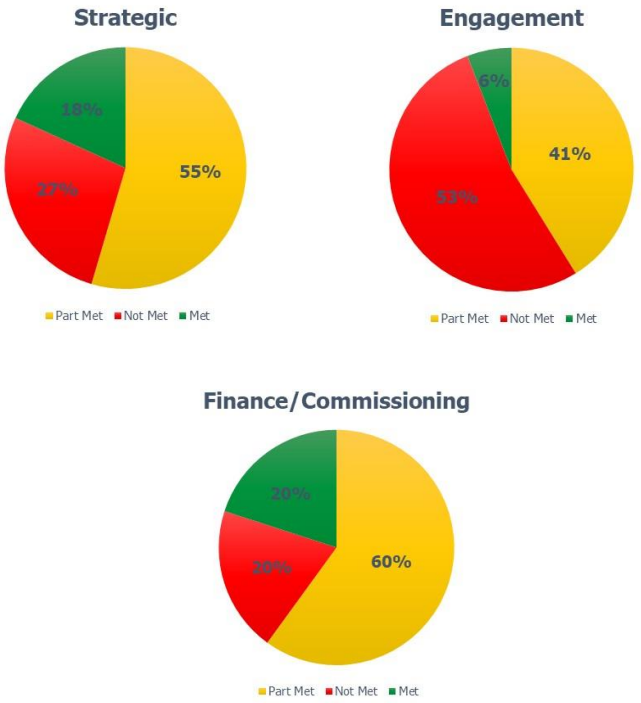
However some individual HSCC Engagement recommendations have seen a backslide. It would seem that active public engagement will be vital in the year ahead, particularly to progress the Independent Health Review recommendations. Finance /Commissioning has now made progress.

The issue remains that it is the pace rather than the direction of change where we are most critical. The new Community Care Directorate (CCD) structure is beginning to show real progress in managing and analysing known cost pressures within its remit areas of Community Care and Mental Health.

The HSCC assessment on delivery against our recommendations is set out in detail in Appendix A and is demonstrated in the charts below, with the 2016-2017 charts alongside to enable comparison:

HSCC Annual Report: Main Section A

2017-18:



B: Governance: Quality Committees (QC's) & Management structure changes - HSCC 18-19 review

As previously reported, following WMQRS Report 3, DHSC introduced in April 2016, a Governance structure based around a monthly full Board meeting to address the key business of the Department – looking at Finance, Strategic Delivery, Performance and key operational decisions. Below the Board sat 7 Quality Committees (QC's) – chaired by the relevant directors- to provide the overview needed by the Board on the activity and risk across each of the key areas of business in the Department. These QC's were reduced to 5 in April 2017 but a Programme Board, now a Programme Management Office (PMO) was introduced. In April 2018 a further 2 QC's were suspended. Other vital governance meetings were repeatedly cancelled or failed to be quorate.

Governance Committee	Status	Observation
Care Quality & Safety Committee	Revived 04/19	Suspended in December 17 on departure of Medical Director, it carried out vital cross department risk register checks. After repeated pressure from the HSCC, it has been reactivated in April 19, chaired by CEO.
Commissioning QC now includes Finance	Merged and now Quarterly	Short suspension on departure of Commissioning Director, it is now divisional. Slow progress on Policies & Contracts catalogue, Pharmaceutical Needs and Tertiary improvements. Recent growth in effectiveness.
Finance & Commissioning QC (FCC)	Merged with above	Financials provided but Nobles non-attendance unhelpful to scrutiny. Few expenditure proposals for cross department scrutiny. Good oversight on the Capital programme continues within Commissioning.
Human Resources QC	Survives	HR committee not quorate in this reporting period until May 19. Poor progress on Service level agreement.
Informatics QC	Regular but needs Finance	The IQC is well attended and administered effectively. It provides a communication forum and most importantly provides a clear prioritisation of technology enabled change in Health.
Stakeholder Engage QC	Abolished	Merged into Transformation 04/17. No regular Comms shared service attendance, no assurance or Comms plan.
Transformation QC	Transformed	Programme Board proposed in October 2017. Eventually Programme Management Office established.
Health Protection C'ttee	Continues	Important pan government structure for existing and emerging public health issues. Some patchy attendance.
Nobles Senior Management Team	Failing	The absence of monthly Nobles Senior Management Team (SMT) meetings has increased with none held since October 2018. Lack of report provision, consultation and a poor quality of debate.
Nursing & Midwifery Council	Abolished	Roles and responsibilities of Chief Nurse now dispersed across the DHSC. The HSCC is unsure that former high standards of assurance in Nursing governance have been maintained during the past year.
Nobles PSQC	Thriving	A good forum for clinical concerns at Nobles. Good attendance, clear report expectations and an action log.
Primary Care Divisional	Merged	Now part of the Community Care Directorate (CCD)
Public Health Staff meeting	Exemplary	This meeting remains the standard to which other DHSC governance meeting should aspire. Well attended, with open communication and the opportunity to keep well informed on issues.
Mental Health Mngmnt Board MHPS&QC	Continues	MHPS&QC meets regularly; retains valuable oversight of Mental Health Patient Safety & Quality standards.
Community Care Directorate (CCD)	Combined recent hiatus	Combined in April 18, this quarterly meeting started well with good processes and open discussion. Two recent consecutive cancellations have had severe impact upon its communication output performance.

B: Governance: Quality Committees (QC's) & Management structure changes - HSCC 18-19 review (cont'd)

The quality of any committee relies upon clear Terms of Reference (TOR) and the motivation of the membership. In this period only 2 QC's have met frequently: IQC and FCC. Some Other Committees such as Public Health Staff and Commissioning sub-committees have performed well. However, too many DHSC governance meetings have not met regularly and/or have had a number of meetings cancelled due to member unavailability. Nobles SMT has had 7 cancelled governance meetings although its Nobles Patient Safety and Quality sub-committee has kept good frequency and standards. The HSCC has repeatedly drawn attention to the breakdown of the governance structures over the past two years, providing regular observations and evidence to the CEO and the Minister and making a submission to the Public Accounts Committee (PAC) in July 2018.

Yet another reduction to the management structure of the Department was announced in January 2018 and finalised in April 2018, eliminating Director level posts in Commissioning Transformation and Nursing. Whilst this resulted in a significant cost saving, it was also a reduction in challenge to the ELT and a loss of corporate memory, and experience. The monthly Executive Leadership Team (ELT) has continued, adding extended ELT meetings fortnightly as required to involve relevant areas such as Programme Management Office. The CEO revived the monthly Board that had met only on a quarterly basis in 2017-18. The management structure remains grouped into two reporting areas to ELT – operational services for acute, community and social care services and all corporate services. Public Health and Informatics continue to report directly to CEO. The Informatics QC methodology has been supportive to project-based performance within aims of the Digital Strategy within DHSC, although a lack of financing has held back some essential projects.

The HSCC Comment: The HSCC welcome in general the return of monthly DHSC Board meetings, but the removal of three Director level posts combined with the lack of attendance of Senior leads with clinical experience, reduces challenge. This continues to be a concern. Increased transparency through production and distribution of ELT Minutes as recommended by the HSCC last Annual Report, is welcome. However, communication to and from the Board and the wider staffing remains limited, with insufficient standing agenda items to ensure a circle of communication between the top-level governance and QC's and the other governance structures as itemized above.

The HSCC is disappointed to report another period of instability in the management and governance structures. Repeated Departmental restructures are confusing, time consuming and distracting for all. It does nothing to combat public perception that focus should be on actions, service prioritisation and customer engagement, rather than repeated management reorganisation. The allegation of poor performance of DHSC governance structures was refuted by the CEO during his appearance at the Public Accounts Committee (PAC) in February 2019. However, the findings of both the PAC report and the Independent Health Review would support the last two years findings of the HSCC in this respect.

STOP PRESS: 31st May 2019.

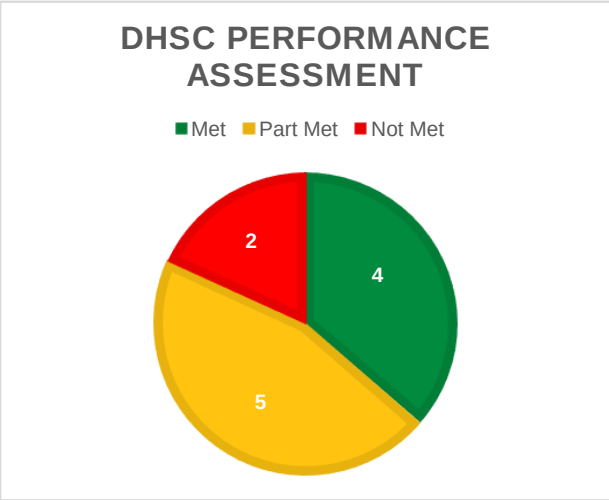
The incoming Interim CEO is working to finalise a DHSC restructure following the departure of the CEO and DCEO on 3rd May 2019. This includes extending the role of Director of Community Nursing, thereby establishing the position of DHSC Director of Nursing, with department-wide responsibility for all nursing matters.

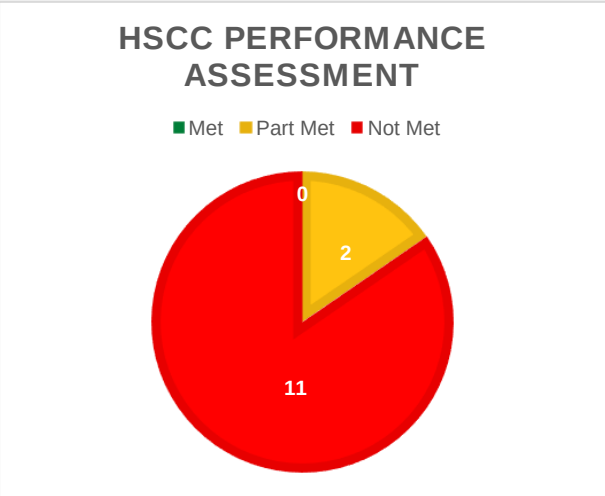
The full structure is still under-development at the time of this report but the HSCC understand that this will include the re-establishment of a core Executive Leadership Team and DHSC Board, with dedicated HR support to assist with the Transformation programme arising from the Independent Health Review recommendations.

C: Programme for Government – Government Progress Rating vs HSCC Progress rating									
We live longer, healthier lives by MHK responsibility	**Responsible MHK**	**PfG RAG rating**					**HSCC comment**	**HSCC RAG rating**	
		17-18	18-19						
		Q4	**Q1**	**Q2**	**Q3**	**Q4**		**17/18**	**18-19**
Continue the external peer review process (WMQRS) of health services and implement recommendation	Clare Bettison						It is noted that (WMQRS) has been added to this action and HSCC agree the WMQRS update report was done. HSCC are concerned about delays in implementing many outstanding recommendations and about the removal of some of the recommended Quality Committees	A	A
Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett						HSCC acknowledge the Western Integrated Care Pilot is underway but a clear plan for moving further Acute services into the community is not apparent	A	R
Define the essential services always provided in health and social care and be clear about those that aren't	Jason Moorhouse						HSCC is concerned that this action was dropped from the 2018-19 PfG. It has been identified as an essential action by the Independent health review (IHR)	A	R
Continue to digitally transform the hospital and health care services more generally	David Ashford						HSCC accept that some progress has been made but it is evident that programme has fallen significantly behind.	A	R

C: Programme for Government – Government Progress Rating vs HSCC Progress rating									
Define the services which will be provided on-Island and those which will be provided odd-Island	Jason Moorhouse						The HSCC recognise the issues regarding the IHR and its effect on the target date for this action. HSCC support the Clatterbridge proposal. If it is a successful model it could define how we take our services forward in the future.	R	R
Reduce waiting times for operations	17-18 Clare Bettison 18-19 David Ashcroft						The HSCC are aware of the wider performance issues that require to be addressed and are encouraged that although this target is not met it remains a high priority for DHSC.	R	R
Publish hospital waiting times April 2017	Clare Bettison						This was announced as complete in 2017 but in the HSCC's last annual report we commented it should be an ongoing exercise as part of performance monitoring. It seems this recommendation continues to be ignored.	R	R
Implement the Mental Health Wellbeing Strategy	Ann Corlett							A	A
Consider and recommend funding options for residential and nursing care	None						This action was dropped in 2017-18 but was due to be redefined in 2018-19. This has not happened. The HSCC would expect to see this re-instated as part of the Independent health Review actions going forward.	A	R
Improve the way we communicate with the public about the way our health and care services are provided	Jason Moorhouse						The Department intend to remove this action in 2019-20. The HSCC strongly disagrees with the proposal to remove this action as good communication is essential for the efficient and safe delivery of health services.	R	R
Improve Governance and accountability in the way we provide health and care services	Jason Moorhouse						The HSCC remain very concerned in respect to Governance issues within DHSC. Despite the rebuttal made by the CEO at PAC, the HSCC can evidence a decline in the number, attendance and quality of Governance meets.	R	R

C: Programme for Government – Government Progress Rating vs HSCC Progress rating									
Become an employer of choice in health care	David Ashford						The HSCC agree targeted and effective recruitment is important but feel the greater problem is the retention of quality staff once recruited, as highlighted by the high profile resignations and nursing retention rates in particular over the past year. The HSCC recommend that when staff resign an exit interview is undertaken by an independent body is undertaken to see if significant retention issues can be recognised.	R	R
Address the long-term funding issues posed by an aging population	Ralph Peake						This action was dropped in 2018-19. Given that the changing demographics indicate a significant shift to an ageing population, the HSCC would like to see this issue as a key part of the Department's strategy and action plans for moving forward.	A	R





The HSCC Comment:

A pattern again shows throughout the PfG RAG targets ratings of optimistic views of progress which do not stand up to any detailed examination. Whilst the HSCC does appreciate that a deterioration in performance has been acknowledged in some targets, it is disappointed to see several actions quietly extended by two years from 2019 to 2021 and others, such as developing a Communications Plan, closed down completely.

D: Integrated Care (IC)

There have been several key milestones along the road to the development of IC during the reporting period. However, the most important elements can be said to include the following three events:

April 2018

Draft IC Vision document

This document set out the vision of the Department with regard to integrated care and what it could bring to the future of health care provision. It set out the principles of IC that were adopted on the Island:

- co-ordinated joined up delivery of all services that an individual may require
- Improving outcomes for Island residents by reducing gaps and inefficiencies in care
- Doing things **for** people rather than **to** them i.e. involving and supporting people with their own care as a means of educating and developing better habits and self-care. So putting the person at the centre rather than the services.

Though the IC Vision intended that some elements of care were transferred to the community setting, there was a commitment to "maintain a local and high-quality acute service (Noble's) AND step up/down at Ramsey Cottage General Hospital".

In order to achieve the aims, a number of key items requiring change were noted; not least a comprehensive Digital strategy project to allow cross service communication and achieve a common patient record.

The date for completion and the move to IC was boldly set at December 2021, although this Vision document failed to include any milestones or targets.

The HSCC commentary provided to the DCEO included:

- Very thin on detail, more a shopping list
- Public engagement at that point was minimal
- Given the time scale of December 2021 to achieve the IC program, it is hard to believe that all of these pillars can be implemented. Therefore, is it feasible?
- Can so many departments/silo units really achieve the required work together that quickly?

How will DHSC measure progress? What analyses can be used? Where are the baseline numbers/stats to work with?

May 2018 onwards

The Independent Health Review (IHR) and Integrated Care

This largely reset the start of IC delivery and essentially held back progress on several fronts. It was clear quite quickly that the potential for an overarching change in direction could make IC development difficult in the interim period.

Moving ahead to the IHR Report delivery, the recommendations clearly negate the December 2021 implementation date for IC Island wide, as the transformations in many elements of the service required to allow change in the NHS are set out in the guiding timetable at the end of the main body IHR Report (p61 onwards)

Given that the Report's recommendations are supported in full by COMIN, it is likely that Tynwald will approve. Practically all aspects of the Report will require HSCC monitoring, but for the IC part of this Annual Report, the following are critical:

- A new health and care needs assessment should be open to HSCC monitoring, as it forms the basis of IC going forward (IHR recommendation 10, p63)
- The HSCC will require access to the proposed Transformation Group (section 6.2, p60 and IHR recommendation 26, p64) and the project initiation document will guide monitoring.
- The HSCC will need to monitor the development of IC pathways (IHR recommendation 12, p63)
- The HSCC will also monitor the remaining IHR recommendations

March 2019 The Western Pilot of Integrated Care

The Western Pilot has continued to develop against the background of the IHR. A full implementation plan was produced by IC Co-Ordinator and the Pilot has commenced.

The extent of public consultation and the quality of documentation presented were impressive by any standard.

The HSCC expressed some concerns over the nature of the data likely to arise from the pilot, particularly:

-The scale of the pilot means that a small number of people are likely to benefit from the IC scheme. Just 205 people could benefit using the team's own numbers. These may split into several sub-groups, making valid statistical data difficult to interpret. It then then becomes easy to fall back on qualitative commentary as a marker for outcome in a mass program, which is unlikely to prove replicable.

-There was much public engagement but little if any focus on developing clinical pathways (see IHR recommendation 12) and it is difficult to believe that this supports replicable functions and more immediately replicable data for analysis.

-The criticisms were answered by members of the Hospice team. Given that this is a Manx service program, and that Hospice is a charitable organisation focussed entirely on end of life care, this seems odd.

The response admitted that there are a large number of differences amongst the population likely to be involved in the Pilot and they are looking for the generic transferrable parts of the program. This misses other opportunities that could be captured by better design.

42 key recommendations (actions) were made as part of the IC implementation plan and many cross over with the recommendations of the final IHR Report.

From the 42 recommendations within the Pilot program document, several stand out as critical and require immediate monitoring for change:

- Service core hour changes
- Single point of access established
- Additional support workers necessary
- Information systems require overhaul and integration
- Mobile devices required for full time access
- Common care record and data sharing essential
- Volunteer recruitment needed
- A solution to immediate care provision required.
- Dial a ride needed.
- Transform assessment processes into a single method
- Improved telehealth

D: Integrated Care (IC) (cont'd)

The HSCC comment:

1. The foundations in preparation for IC have not been laid out in an organised and consistent manner. While results from the Western Pilot may inform later actions, the fundamental infrastructure of IC is well-understood. Action is required now to establish co-location spaces, provisional lists of persons to become local coordinators, understand the challenges of common record and communications and data to establish a suitable framework to build from.
2. IC development via the pilot is reliant on workarounds, lacks clinical pathways and is unlikely to yield sufficient objective data. The HSCC recommends frequent, regular collegiate discussions outside the direct project group to permit impartial external evaluation.
3. The development of the Northern and Southern community partnerships has been in isolation and disjointed. Given the critical objective of introducing IC Island-wide, properly assisted development of these groups with management input is highly desirable. In addition, development of an Eastern hub is critical due to the population concentration in that region.

While there are many other aspects of the development of IC not included here, the HSCC will need to limit monitoring to key issues arising from the Western Pilot and from the IHR recommendations.

E: Independent Health Review (IHR)

Objective:

The main objective of the Review was to obtain an independent opinion on the state of services as they stand and to identify options for delivering and funding a modern, fit-for-purpose and sustainable health and care system. Its Terms of Reference included examination of whether the Isle of Man is getting value for money for the sums currently being spent on health and care - and what is the likely increase in funding that will be needed to support those services by 2035-36.

Core questions for the Review included asking: Whether the Isle of Man has the best possible organisational model for the delivery of health and care. Is the current health and care strategy still appropriate? What obstacles have limited progress and how should they be overcome in the future?

The IHR was led by Sir Jonathan Michael, who was assisted by Isle of Man civil servants and external consultants. The approach to taking evidence, including extensive engagement with the public, staff and service users was very professional. The HSCC were kept well informed by the Secretariat, and provided with timely agendas and meeting packs with clear progress reports and engagement lists.

In return the HSCC was able to provide extensive background information on the Review Area of Previous Initiatives. The external consultancy team were tasked to review outputs and recommendations from Beamans (2013) the 5-year strategy (2015) and WMQRS (2015-2018) determine what was successfully delivered, what was not achieved, and why, so as to identify lessons learned and to ensure that any failures were not repeated by the IHR.

The Review was supported by an Advisory Panel of stakeholders which included the Health Services Consultative Committee (HSCC). A Sponsor Group which was composed of both the Treasury and DHSC Ministers together with their respective CEO's met monthly with the Chairperson and the Secretariat for an update.

Sir Jonathan clearly stated that whilst he greatly benefitted from the views of the numerous contributors, this was an independent Review, and he retained full editorial control of its conclusions. The HSCC had concerns with the brevity of the Interim report in January 2019 and offered constructive amendments to the embargoed draft Final report in early April 2019. Consultation was exemplary throughout the Review.

Focus Group Workshops:

Two members of the HSCC attended every Advisory Panel. A further four members of the HSCC attended all the Focus Group workshops on:

FG1: Optimal Service Model: What would be the optimal health and social care service model for the Isle of Man?

FG2: Integration of Services: How could health, social care and other public services integrate more effectively?

FG3: System Architecture and Governance: How should the Island's health and social care system be structured and what governance should be in place to deliver safe, efficient, affordable and high-quality care?

FG4: Funding: How could additional funding for health and social care services in the future be raised?

FG5: Workforce: How can the Isle of Man address the challenges in recruiting, retaining and developing a workforce to deliver excellent health and social care to the people of the Isle of Man?

FG6: Improvement and Efficiency: How could the Island's health and social care services become more patient-centred, outcomes focused and efficient?

The IHR made 26 Recommendations and these are listed in Appendix E. The HSCC has made 68 Key recommendations in the period 2014-2019. These are progress assessed in Appendix A and both the IHR and HSCC Key Recommendations are compared in Appendix E. More than 65% of these HSCC Recommendations can be thematically matched to or are similar to, those in the IHR.

The HSCC Comment: The IHR remit was much wider than the HSCC remit. However, it should be clear that the HSCC are very supportive of the 26 IHR recommendations but it is understandably concerned about the reality and timings of proposed implementation and the role of CABO. It is sceptical of the success of CABO's planned overarching supervision of a Manx Care Board as it is a Department with a Chief Officer with many other competing demands.

The HSCC has listed in previous Annual Reports, the lack of progression of many of the DHSC strategies and plans since 2013. The HSCC will adjust it future scrutiny methodology to assess the progress of the IHR recommendations going forward.

Member Annual Reports by scrutiny area are as follows:

Member Annual Report: Cancer

New Developments:

- Director of Hospitals departed Jan 2019 – big driver of cancer management
- Cancer Services Coordination Group – interim Chair Director of Public Health
- ELT agreed IOM National Cancer Plan 2012-2022 required complete review
- Cancer management resource underpinned by Macmillan
- Aware of discussions to forge closer alliance & integration with North West Cancer Clinical Network and Clatterbridge
- Ward 5 project for Cancer patients. Building work in progress

Evidence of Good Practice:

- 2WW two week waiting time data derived from Somerset Register and Medway issued weekly; plus 31-day & 62-day targets and annual trends
- This data becoming very robust, easy to understand and well presented
- Trends are obvious
- The HSCC attends Quarterly Cancer Services Coordination Group CSCG
- Weekly cancer patient tracking meetings PTMs
- Bi-Monthly Cancer Operations Group addressing cancer issues
- Dermatology Consultant clinic at RCH cut Dermatology Cancer waiting times

Issues Causing Concern:

- Cancer Strategy Group CSG disbanded because there is no Cancer Strategy renamed Cancer Services Coordination Group CSCG to reflect the role
- The volume of "check for cancer" referrals from GP's causing longer specialist wait times, particularly breast cancer
- Wait time Targets being missed for all eight cancer headings
- Quarterly Cancer Services Coordination Group CSCG requires clear purpose and strong leadership to create strong engagement and prevent drift
- The January CSCG was not quorate
- Lack of SLAs – Service Level Agreements

2018-2019 HSCC Annual Report Recommendations:

1. The Cancer Services Coordination Group must have strong leadership and senior management support to deliver a new IOM Cancer Strategy and implementation plan
2. Produce IOM Cancer Strategy and Plan – to be fit for purpose for the IOM
3. Evaluate how pathways for new cancer treatment methodologies and services in North West England can be applied for Isle of Man patients

2017-18 recommendation:

Recommendation R1 Cancer Strategy: DHSC carry out a mid-term review of The National Cancer Plan for the IOM 2012-2022 outcomes, resources, KPI's and accountabilities with a view to establishing a future costed Plan.

MET

Member Annual Report: Communications

New Developments:

- Corporate Communications Directorate is in Government Office with new Director. There is a specific Corporate Communications Executive responsible for DHSC area
- PFG Communications Heading removed from PfG as being unmeasurable
- The HSCC have realised DHSC perceive Communications primarily as Corporate Communications PR etc. for IOM Gov based in Government Offices to deliver government and DHSC positions and messages
- Nothing to do with internal and external Divisions and Patient Communications across DHSC which is thought of as Service Delivery by operational management

Evidence of Good Practice:

- DHSC Corporate Communications perceived as much better quality
- Public Health Communications model well planned, documented & resourced. Has clear strategy, targets, timetable and review.
- New Corporate Communication technology & methods being implemented. Includes new Internal Professional Media Technology and latest Social Media
- Over 200 Health related printed articles published in the Manx Local Newspapers in the past year reflecting public interest & concerns

Issues Causing Concern:

- World class Communications across and within DHSC is a huge opportunity to add value but nobody appears to be accountable and leading
- The HSCC would like to see Communications as a regular Board Meeting item
- Lack of progress of transparent plan by Corporate Communications for DHSC
- Perception DHSC Communications managed as Corporate PR for IOM Gov
- Communications is (was) part of the 2018/2019 DHSC PfG. Q3 Performance is marked as difficult to benchmark and to be removed. It must be redefined to be practical and measurable for PfG. No point in having a PfG measure if it is vague, without support, not measurable, unachievable
- DHSC web-site difficult to navigate and find specifics; Google search often better
- DHSC Corporate Communications be-devilled by reactive firefighting of erupting issues diverting resource away from key items - or is this the job?

2018-2019 HSCC Annual Report Recommendations:

1. ELT needs to be clear how they manage communications both internally and externally on behalf of DHSC and manage as a standing item on the extended ELT meeting agenda.
2. Be clear what "Communications" means to DHSC – what is included and what is not - who is Accountable for What and Where - be transparent
3. Continue to implement leading edge Communications methodologies

2017-2018 HSCC recommendation:

Communications became a new HSCC scrutiny area during 2018. It was not in 2017-2018 HSCC Annual Report but Communications was referenced in the Annual Report in PfG with RED RAG rating:

2017 Communications is routine PR, reacting to events and firefighting. This was the same in 2016 with no obvious change. **NOT MET**

Member Annual Report: Community Partnerships/ Community Care Directorate

New Developments:

- May 2018 Adult Social Care, Mental Health and Community Health were combined together to create a newly designed Community Care Directorate
- Sept 2018 Launch of Delivering Longer Healthier Lives
- Integrated Care Pilot in the West (Peel Project) commenced April 2018 and implemented Feb 2019
- The development of a single assessment process and integrated care record ensures people only need to give one account and that the most appropriate professional will signpost needs so reducing repetition and duplication
- Develop role of the community pharmacist and introduce pharmacy technician role
- Moving most services from the hospital into the community so care is provided close to peoples' homes

Evidence of Good Practice:

- Vision for Integrated Care launched Sept 2018 - document was largely informed by 14 engagement sessions with key stakeholders, public, private and voluntary services.
- Review of operational hours for care services which were previously 9-5 Monday to Friday
- Community Care all under one Directorate streamlining services
- Engagement with public and private agencies and voluntary sectors ensuring venerable people receive equal good care
- Integrated care pilot in the West now at implementation stage

Issues Causing Concern:

- Cost implications of designing enhanced community care when funding, during this reporting year, has been moved from community to acute care
- Slow progress in creating evidence-based care pathways which are equitable
- Governance meetings changed and reduced to 3 monthly (last one was cancelled) which may allow for important communication to be missed
- Some projects seem to be top heavy in professionals

2018-2019 HSCC Annual Report Recommendations:

1. Evidence based community care pathways are implemented evidenced, audited and shared appropriately
2. Community care directorate meetings to continue in a timely, cost effective manor, to ensure communication is shared with all appropriate personal
3. Ensure the integrated care pilot is implemented and that the good work carried out by the Southern Community Partnership becomes the 2nd hub which will complement the work that commenced in 2016

2017-2018 HSCC recommendation:

Community Health Services Executive Team (CHSET)

Community budgets be frontloaded in order to progress the Integration Care agenda.

PART MET

Member Annual Report: Commissioning Committee

New Developments:

- Central Contracts Database - It was noted that population of the database was as follows:
  - Children & Families – up to date
  - Community Care – as complete as per the info from the scoping exercise, doing well
  - Hospitals – currently 1/3 way through their work to identify all contracts
  - Public Health – Progressing well
- Contract Management - The approach taken by the sub-committee in relation to the priority weighting for contact management and tender activity was approved
- Tender Plan - It was noted that the Committee needs to have a conversation with Treasury, advising that the pressure placed on the Department is not helpful as contracts may be pushed through.
- Grant Funding - The Department makes the same grant every year to the same people. If it is a service it should be contracted; currently some grants are funding what should be a commissioned service. It was generally agreed that services should be commissioned not granted. Any grant should be on the basis of an application.
- Framework for Departmental Commissioning - It was noted that Sir Jonathan Michael's review is looking a 2 models – an arm's length body outside the Department and an internal one. Until we can decide on what we are terming the delivery model it is hard to progress this.

Evidence of Good Practice:

- Quarterly meetings with input from monthly Commissioning subcommittee meetings is developing well
- Generation of a Central Contracts Database, promised for some years, is at last coming together
- Commissioning sub-committee is setting suitable standards for contract management methodology

Issues Causing Concern:

- Tender planning issues need approval of Treasury
- Grant funding to 3rd sector needs to be properly commissioned which will avoid the current practice of simply giving money out
- There are a number of issues awaiting the IHR Report. This is not helpful to continuous improvement nor is it necessarily the case that the IHR Report will address those areas

2018-2019 HSCC Annual Report Recommendations:

1. Provide additional resourcing to enable Nobles Commissioning to accelerate progress with contracts and compliance
2. Development of a Framework for Departmental Commissioning is essential

2017-2018 HSCC recommendation:

Governance in this area is strengthened by review of membership and clear lines of accountability.

MET

Member Annual Report: Informatics Quality Committee

New Developments:

- Requisite resource to reconfigure an existing SharePoint site, accessible from the DHSC Intranet that will become a directory for all DHSC project/change guidance APPROVED
- Old analogue mobile X-Ray units to be replaced with the latest digital and wireless version of mobile x-ray units APPROVED
- Updated Service Level Agreements (SLAs) with GTS and the DHSC as well as Data Processing Agreements (DPAs) with all contractors and sub-contractors are being progressed.
- Fast user switching is a requirement of any ED IT system owing to the high turnover of patients, overlapping consultations and visiting specialties to the department. The current process of logging out/logging in to Medway (PAS) is both time consuming and frustrating; leading to the data security issue of frequently unattended but logged in terminals and in some cases short delays to patient interactions. Use of I button authentication to be progressed.
- Mental Health e-clinic business case was APPROVED

Evidence of Good Practice:

- Cyber Risk remains as the single 'Major/Severe' risk on the register and is reported at each meeting. GTS continues to ensure that all anticipated or possible threats are mitigated against in as far as reasonably possible to do so.

- Information Governance Steering Group (IGSG) has new membership including two Caldicott Guardians and the Head of R&D with the aim to centralise this area for information management visibility and accountability. Revised ToR was agreed.
- Information Governance – Sharing of warning/alerts between DHA and DHSC remains monitored and on the Risk Register.

Issues Causing Concern:

- PiP has, so far, completely failed its deadlines leaving HR data to be collated by hand.
- DHSC has eight different electronic patient record (EPR) systems across its domain with very little interface between them. Request for resource to create a single digital Manx Care Record postponed. Job description for business analyst resource to complete the scoping exercise and draft the business case for the Integrated Digital Care Record (IDCR) project is in progress.
- No Communications Strategy replacement staff

2018-2019 HSCC Annual Report Recommendations:

1. Timely resources be made available to drive forward essential projects including the digital Manx Care record.

2017-18 recommendation:

The DHSC should involve itself at an earlier stage in the rationale, scope and implementation of pan-Government projects such as PiP.

PART MET

Member Annual Report: Legislation and Political activity

New Developments:

- Independent Health Review throughout 2018 /19 - Final report due in May 2019
- WMQRS recommendations status update report to be laid before Tynwald April 2019
- Safeguarding legislation and Board established – first Annual Report due in 2019
- Social Affairs Policy Review into mental health practices
- Public Accounts Committee – report into staffing /overspend at Nobles 2018
- KM&T Review of Nobles Theatre - 2018
- Tynwald vote to meet Nobles / DHSC overspend

- Departmental Commitment to Independent Health Regulator
- Abortion Reform Act 2019

Evidence of Good Practice:

- PfG commitment to review all health-related legislation to underpin best clinical practices
- Health surveys and consultations to underpin health care practices and developments - e.g. JSNA and health related public surveys and consultations
- Consultations regarding a future Independent Health Regulator taking place
- Evidence based services changes based on reviews/external independent assessments

Issues Causing Concern:

- PfG Q3 noted delays to primary and secondary legislation due to BREXIT. Progress on the National Health and Care Services Bill 2016 and the Medicines Act is therefore delayed. The planned review of all relevant health care legislation is therefore currently on hold - completion date set for March 2021
- The KM&T reports into Nobles theatre practices recommends a full review of the services are undertaken. No progress to date
- Recommendations from Inquests to improve patient safety are not immediately implemented
- PAC report recommendations focus publishing of future clinical activity data
- SAPRC Report recommendations included a review of both operational and legal basis for confidentiality protocols and further Mental Health Act 1998 training for staff. The report also recommends the introduction of Deprivation of Liberty Safeguards to be contained within mental capacity legislation
- Relevant Government scrutiny hearing (i.e. PAC and SPRC) schedules not advertised with sufficient notice for public and organisations to provide considered evidence
- There are still 529 WMQRS still to be reviewed and actioned

2018-2019 HSCC Annual Report Recommendations:

1. A full review of all health-related legislation commences as soon as possible with adequate resources to bring forward as required any Acts or Regulations to support best practice. (including legislation to support recommendations arising from the IHR and any legal activity needed to provide Integrated Care)

2. Engage, establish and fund an Independent Health Care Regulator to asses and monitor standards of healthcare on the island2016-17 HSCC recommendation:

2017-18 recommendation:

Legislation should be prioritised and accelerated to underpin progress on the 5-year strategy

NOT MET

Member Annual Report: Mental Health

New Developments:

- Risk-assessment in the Management of self-injury & suicide approved.
- Community Well-being Service (CWS): Self-referral service rolled out.
- New NMC standards are being introduced in 2019/2020 for skills required during pre-registration training.
- An increase in Out of Area Treatments (OATS) in the past 12 months. This has been particularly in regard to CAHMS patients.
- Budget is now available to refurbish both GC and to continue with the River Suite development, which will give beds for CAMHS crisis
- Nearing completion of further beds in the community under procurement process for Adults
- Of 21 OAT patients, 2 have returned

Evidence of Good Practice:

- Significant reduction in higher level incidents. Figures for April '17 to April '18 are at the lowest level since April 2017.
- Preparation of a *Standard Operating Procedure for Inquests.*
- New rules, proposed by the coroner and concerning the admission of new patients, have been adopted.
- Dealing with "Violence and Aggression in the Inpatient Setting" approved.
- Risk Management Policy approved.
- Monthly average of incidents in Mental Health is lower than for the last full year.
- Facilities on the island cope with patients up to level four on the step system. There are currently 19 island patients being provided with care in the UK. MHS has a total caseload of 4397 (5.1% of the population): the 19 in the UK is therefore 0.43% of the caseload.
- MHS has contracted to use a number of beds with several providers in the UK. The main current provider is St Andrew's Hospital in Northampton. All hospitals used were frequently visited to ensure contractual compliance.

Issues Causing Concern:

- Different policies (CPS, NICE, and the *National Enquiry into Homicide*) prescribe different follow-up times of 5 days, 7 days, and 3 days following discharge.
- Lack of availability of beds for community dementia care.
- Older Persons MHS referrals are rising whilst discharges rates are falling.
- CAMHS appears to be under strain, partly due to lack of an autism pathway - links to the learning disability redesign which is well advanced
- Concerns that insufficient staffing in psychology is causing long waiting times.

2018-2019 HSCC Annual Report Recommendations:

1. Complete the separation of CAMHS tier 2 into the IAPT service and create a dedicated pathway for Autism, bidding for appropriate funding as required

2017-18 recommendation:

Ensure the new CCD structure provides a smoothly running system to care for people in the community by developing and funding an effective Integrated Care plan.

PART MET

Member Annual report: Nobles Senior Management Team (SMT) meeting

New Developments:

- Endoscopy report March 18 issued September 18
- Nobles Hospital first Annual report March 18 issued September 18
- Departure of Hospitals Director January 19. Interim replacement
- Private Patients Unit closure January 19
- Move to Scheduled and Unscheduled Care within Nobles structure
- New Clinical Governance Board streamlined structure in March 2019
- Turnaround appointments in Interim Director and Recruitment areas

Evidence of Good Practice:

- Move to one-page slides from each Division worked well in April & May 18
- Following the HSCC query about year on year complaints data looking erroneous, this was promptly and transparently rectified.
- Pharma Radiology consistently supply data and explain challenges faced
- The underlying Nobles financial performance meetings did drill down into issues although this was rarely reported into the full SMT meeting and such meetings have now ceased
- Introduction of the 8am and 3pm Hospital status meetings to improve patient flow

Issues Causing Concern:

- Combination of uneven approach to Nobles Governance meeting table discussion and debate, coupled with ongoing staffing shortages have resulted in decline in Nobles SMT performance. The August proposal for layout of Scheduled and Unscheduled Care resulted in a dysfunctional meeting. Thereafter the SMT has failed to meet in 5 out of the following 7 months.
- Waiting lists continue to lengthen in many specialties
- Vital initiatives such as Cost Improvement Plans, and significant decisions e.g. Ward 5 closure fail to receive post implementation reviews
- Poor communication/clarification re PPU closure worsened already fragile relationships
- Disruption/loss of experience from disestablishment of senior nursing and Core service roles

2018-2019 HSCC Annual Report Recommendations:

1. Create a governance structure for Nobles SMT that provides opportunity for genuine robust debate, improved transparency up and down the structure, with clearly attributed actions and regular review by Standing items of areas such as Risk register, financial performance and current challenges.
2. Identify successful cost savings hidden within overall financial position and separate those within and out with direct management control e.g. Pharmaceutical inflation
3. Maintain consistent data sets so true year on year comparisons can be reviewed

2017-18 recommendation:

Focus on gatekeeping into Nobles and smooth discharge to the Community and Residential sector to ensure it fits with the Integrated Care Strategy and ensures patient safety.

PART MET

Member Annual Report: Nursing and Midwifery Advisory Council – now defunct

New Developments:

- Responsibility for nursing and midwifery is delegated to a variety of senior nurses in each division under the overall leadership of the DCEO
- The Keyll Darree Higher Education Team who deliver the pre-registration Nursing Degree/Masters programme in partnership with the University of Manchester. On completion of the programme students are awarded a Degree/Masters in their chosen field of adult or mental health nursing and professional registration with the Nursing and Midwifery Council (NMC) has moved out of the Department into The Department of Education, Sport and Culture.

Evidence of Good Practice:

- There is no longer a forum to discuss Nursing matters and so no real evidence of good practice

Issues Causing Concern:

- Chief nurse responsibilities split between already overburdened Senior Officers
- The voice of nursing is less obvious despite some DCEO efforts on Nursing matters
- Without NMAC it is not clear how disciplinary matters are being handled
- No-one appears to have responsibility for nurses on the Island who are not employed by the Department

2018-2019 HSCC Annual Report Recommendations:

1. The Nursing and Midwifery Advisory Council is re-established to provide adequate checks and balances for professional conduct

2017-18 recommendation:

Responsibility for Nursing and Health Care Assistant regulation is urgently re-established following the demise of Chief and Associate Chief Nurse posts and NMAC itself

NOT MET

Member Annual Report: Office of Human Resources Quality Committee

New Developments:

- New Terms of Reference approved by ELT November 2018
- Implementation of the PiP system is now partially completed
- Data transfer from Oracle to new PiP system concluded
- Further Work Permit exemptions to support difficult to recruit positions
- Reconstruction of clinical practice pathways & community/hospital teams to combat silo practices
- Governance document updated in 2018 with further plan to update by March 2019

Evidence of Good Practice:

- Organisational structures and staff complement embedded into PiP in 2019
- Recognition of the negative impact of cost pressures and the use of agency / bank staff on staff morale leading to increased staff turnover and staff absence
- Review of procedures for DBS checks
- Review of organisational pathways for disciplinary and capability procedures commenced
- Links for updating and circulating Divisional policies being developed
- Suggested analysis of recruitment and retention data to establish best practices
- Benefit of exit interviews/forms data to identify areas with high staffing turnover

Issues Causing Concern:

- Consistent attendance at these meetings by designated managers or representatives has not been evident hindering the process of obtaining agreed progress for the committee's workstreams. Meetings are often not quorate
- Concern that work on a Service Level Agreement has not yet been completed.
- Engagement with managers to provide HR related data information appears to be following past established practices without performance indicators being developed
- The roll out of the PiP system will not be fully activated until all other Government Departments have been placed on the system. Technology issues and further guidance for managers and staff self-reporting issues may still impact on the accuracy of data to the Government's largest employer and impinge on the accuracy of some information
- Failures in communications to staff
- Repeated changes to management and clinical personnel through interrupt services and damage staff morale. Knowledge of staff/team complement in the future could help
- Consistent measures are required to protect all staff under the Fairness at Work Policy

2018-2019 HSCC Annual Report Recommendations (3 max):

1. That current shared service arrangements are reviewed in light of organisational changes and recent PAC and SAPRC reports ensuring staff and managers are compliant with CARE standards.
2. All future appointments to managerial/supervisory posts within the DHSC will be able to evidence effective HR management experience/skills and have had HR management training
3. Review the annual personal development programme for all staff to reflect professional and clinical roles, responsibilities and career choices.

2017-18 HSCC recommendation:

Develop systems to overhaul all HR functions with DHSC with clear direction (via a new Service Level Agreement) for all future workforce planning and staff management processes

NOT MET

Member Annual Report: Nobles Patient Safety and Quality Committee

New Developments:

- The roll out across the DHSC of Datix, the new on line incident reporting system and risk management system. This allows the patient safety team to respond to and act on clinical incidents promptly; so enabling the organisation to improve patient safety by a process of change management and education.
- Quality dashboards are now reported monthly and include data from numerous patient related encounters or incidents.
- There has been the development of the NHS safety thermometer to measure avoidable harm in all clinical areas.
- The introduction of regular audit of the month and pharmacy patient safety issue presentations at the hospital bimonthly Patient Safety Forums

Evidence of Good Practice:

- Root case analysis of serious incidents through a multi-disciplinary panel is now well embedded allowing investigation and learning from the most serious incidents.
- Regular patient safety alerts are issued as a result of incidents that have been investigated and changes implemented. This allows all staff to be aware of possible changes in practice.
- Risk Registers are reviewed monthly and sent to ELT

Issues Causing Concern:

- Pager system is old and unreliable-at least two serious incidents have had pager failure as contributing factor.
- Poor communications are a regular factor in investigations of serious incidents.
- Clinical coding remains a problem and improvement and consistency needed
- Cuts to resources and finance without regard to patient safety-e.g budget for Quality Manager in Pathology removed without consultation.
- Even though RRs are sent to ELT (previously SMT) monthly PSQC has only been asked to attend once in the past two years.

2018-2019 HSCC Annual Report Recommendations (3 max):

1. PSQC attendance at ELT occurs at least once a year
2. Pager system is replaced by a modern comms system
3. A Patient safety impact assessment is carried out as part of all budgetary, resource, and facility reviews.

2015-16 recommendation: (not attended 2017-18)

The recommendation of the Patient Safety Walk Programme must always be followed up, actioned and publicised

PART MET

Member Annual Report: Public Health

New Developments:

- New dedicated member of staff with responsibility to review PH pathways e.g. diabetes
- Development of domestic abuse baseline for JSNA
- Launch of a new supervised nursery-based tooth brushing to improve oral health in young children

Evidence of Good Practice:

- Programme of Service reviews against Quality Standards e.g. Falls Report
- The introduction of Make Every Contact Count Pilot Project.
- Improved Flu Vaccine take up by health care workers

Issues Causing Concern:

The structure of Government inhibits the traction of PH initiatives across Government- Childhood Obesity Strategy has been to SPCC twice but no traction, resource or commitment from other Departments.

Small JSNAs are happening but large JSNAs are not getting funding resources or commitment - Substance misuse JSNA delivered an agreed strategy and implementation plan but there is no commitment to implement delivery plan due to lack of resources

2018-2019 HSCC Annual Report Recommendations:

1. Specific resources and commitments to be agreed by Treasury and relevant Departments and Bodies through SPCC for all JSNA Delivery Plans before implementation is agreed.
2. PH to have a Clear Lead and Delivery role across Government with Departments being held responsible for the implementation of delivery plans and held to account through the SPCC.

2017-18 recommendations

R10 2017-18 DHSC ensure governance procedures for all screening services are improved and gain approval by the Director of Public Health as appropriate and adequate.

PART MET

West Midlands Quality Review Service (WMQRS) Report to Tynwald 2019

New Developments:

- Priority Areas for Action in 2019 established

Evidence of Good Practice:

- Health Improvement/Transformation Fund established by Treasury
- Review 1: Critical Care, Emergency Department, Anesthetic and Operating Theatres
  - Improvements in clinical staffing, including a Junior Clinical Fellow tier
  - Increase in establishment of Consultants in Emergency Medicine

Significant increase in anesthetic staffing

- Review 2: Acute Medical Admissions and the Care of People with Long-Term Conditions
  - Appointment of an Acute Medical Unit (AMU) Consultant
  - COPD newly introduced Lung Disease MDT with Aintree Hospital specialists
  - Neuro-radiologist at Walton review all imaging procedures for Island patients
- Review 3: Clinical Governance
  - A full-time engagement post established within the Community Care Directorate
  - Regular safety walks in patient environments
  - Information Management Strategy 2019
- Review 4: Surgical Specialties and Care of People with Cancer
  - Patients are seen within two weeks of referral to the breast and colorectal team
  - ENT department is a member of the Thyroid Cancer MDT at Aintree Hospital
- Review 5: Women's and Children's Services
  - Management structure changed to include therapies and community peadiatric
  - Appointment of Consultant Community Pediatrician
- Review 6: Ramsey DCH, Adult Community Nursing Teams, Nobles Hospital Renal, Stroke & Imaging Services and Mental Health Services
  - MRI and Ultrasound waiting times have been addressed
  - Use of Tele radiology and the joining of a link to a centre for on call purposes
- Review 7: Muscular-skeletal, chronic pain, drug and alcohol, screening services and the transfer from acute to intermediate care and frailty
  - Orthogeriatric support provided two sessions per week
  - Reviews of chronic pain care plans by medical, nursing and therapy team
- Review 8: Acute cardiac conditions & coronary care, cardiac - physiology service, respiratory conditions, endocrine, dermatology, anticoagulation, emergency ambulance, air ambulance, non-emergency ambulance transport, speech & language, pharmacy, physio & occupational therapy (acute and community), podiatry & dietetic services
  - 2018 Event in a Tent stakeholder workshops
  - DHSC wide new 'Datix' incident reporting and analysis system in place
  - New Dermatology service launched in May 2018

Issues Causing Concern (with justifications):

- 20% of achievable standards still not met
- Shortage of qualified theatre practitioners, and Consultant Radiologist remains challenging
- Critical need of additional professional communications support

2018-2019 HSCC Annual Report Recommendations (3 max):

1. An Annual WMQRS update report continues to ensure sustainability of the priority areas for completed actions and comply with achievable outstanding quality standards.

2017-18 recommendation:

DHSC urgently re-establish effective governance of Health services following the breakdown of the April 2016 governance system which currently fails to provide assurance to the CEO and Tynwald.

PART MET